

VA



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Southeast Louisiana Veterans Health Care System



**BIENNIAL  
REPORT  
2019-2020**



# ■ Director's Message



**T**he Southeast Louisiana Veterans Health Care System provides a full complement of health care services to over 46,000 Veterans. Our focus is safe, well-coordinated patient care. It is these foundational principles that guided our growth throughout fiscal year 2019 and our response to the COVID-19 pandemic in 2020.

Fiscal year 2019 saw the activation of our state-of-the-art research facility, our catheterization laboratory, our therapeutic rehabilitation houses and three houses of our Community Living Center. We also began plastic surgeries and robotic general surgeries. It was a year of growth in nearly every aspect of our capacity to provide patient care, all while earning the Gold Cornerstone Award from the National Center for Patient Safety for the fourth year in a row.

We entered fiscal year 2020 poised to continue our growth and reach new milestones. From October through January, we increased the number of patients seen and the number of visits conducted over the previous year. We activated services such as bariatric surgery and were poised to increase the complexity of our vascular surgery program. But our plans for the year changed dramatically as a pandemic spread across the globe.

On March 9, the first COVID-19 diagnosis in Louisiana was confirmed here at SLVHCS. Since that day, our health care operations have undergone two systemwide transformations. The first came in the immediate aftermath of the diagnosis, when we moved with unparalleled speed in response to the virus. The second change has been more gradual, as we returned services and increased the number of outpatient visits to pre-COVID levels and beyond. This document describes many of the steps necessary to respond to the urgent health care needs brought about by the pandemic's effects on the Veterans we serve.

VA's COVID-19 emergency preparedness exercises began weeks before the virus was detected in the U.S. After the first Louisiana case was diagnosed, we took the following actions:

- Temporarily suspended visits to patients at the Veterans medical center in New Orleans. Hospitalized patients are particularly vulnerable, and this change helped keep them safe.
- Continued to provide health care services and maintained maximum staffing levels to respond to the pandemic, while expanding virtual medical care and telehealth to minimize physical contact.
- Instituted 100% screening for potential exposure to coronavirus.
- Established a respiratory infection fast track to divert possible COVID-19 patients from the emergency department, saving personal protective equipment.

- More than doubled the size of our intensive care unit in anticipation of the surge in COVID patients we would see.
- Brought in 108 health care professionals from other VA facilities who deployed to New Orleans to help us handle the patient surge. Locally, care providers in our health care system realigned to more effectively support the response.
- As of September 30, tested more than 5,700 Veterans for COVID-19. Over 860 tested positive, with more than 220 requiring hospitalization.
- Established and implemented a Moving Forward Together plan, which included evaluating our patients' health care needs and addressing them by safely increasing in-person visits at our sites of care.

This report provides an overview of our COVID response with the added context of the previous year's work for comparison. Although we have restarted most of the services that were paused and increased in-person visits, it remains clear that we are still in the midst of a pandemic. We will continue to do our part to keep Veterans and their families safe, and we ask that you do yours: Wear your mask, wash your hands often, and keep 6 feet of distance from others in any public space.

The growth we experienced in 2019 was matched only by the unprecedented challenges we saw in 2020. Through it all, our team not only met each challenge, but regularly found new ways to provide outstanding care. I am proud to be among a group of professionals so selflessly dedicated to serving our nation's heroes.



center, as we cheered and sang to celebrate his 111th birthday. He was thrilled by the attention and the cards the staff signed for him.

This year we've received accolades such as a five-star CLC rating, top-quintile SAIL metrics and individual employee recognitions. Those awards are validations of the quality of our care, but they are not what drive us. What really matters is the opportunities to care for the Veterans we serve, and the moments of joy and triumph we share with them. Caring for our nation's Veterans, including making sure their later years are healthier, happier and more plentiful, is its own reward.

### SLVHCS Veteran Patient Lawrence Brooks turns 111

On September 10, I had the honor of being in the presence of Mr. Lawrence Brooks during his visit at the medical



### Veteran Parents Baby Shower

On September 26, 2020, we put on our annual baby shower for Veteran families. This year we switched to a drive-through format for safety. It was wonderful to spend a moment with 13 growing families and meet the new babies. They were especially happy to receive bassinet-styled 'floats' made by staff member Maria Luna and packed with donated items and health information.

In a challenging year, moments like this remind us of the value of reaching out to our patients and staying connected. The baby shower was a great opportunity to develop the relationships we have with Veteran families, showing that VA is a place that can meet all their health care needs and support them as they enjoy the blessings life brings.



Fernando O. Rivera, FACHE  
CEO/Director Southeast  
Louisiana Veterans HCS



# 2019: VA Breaks Ground on Louisiana's First Fisher House

On November 5, VA Secretary Robert Wilkie was the keynote speaker as the Southeast Louisiana Veterans Health Care System broke ground on the Fisher House to be built at the Veterans medical center in New Orleans.



2020:  
Fisher House  
Nears  
Opening





# Customer Service

## Quality of Care

Metric	Rating				
Hospital Consumer Assessment Healthcare Providers and Systems summary star rating	★	★	★	★	
Communication by nurses	★	★	★	★	
Communication by doctors	★	★	★	★	★
Responiveness of hospital staff	★	★	★	★	
Communication about pain	★	★	★	★	
Communication about meds	★	★	★	★	
Cleanliness of hospital environment	★	★	★	★	
Quietness of hospital	★	★	★	★	★
Discharge information	★	★	★	★	
Care transition	★	★	★	★	★
Overall hospital rating	★	★	★	★	★
Willingness to recommend the hospital	★	★	★	★	





# ■ Medical Center Updates



## Medical Center Updates

2019

- Began plastic surgeries and have robotic general surgeries which shorten hospitalization, reduce pain and discomfort, create smaller incisions and minimize scarring for Veterans.
- Started more advanced laparoscopy surgeries, which are also minimally invasive surgeries for the benefit of Veterans, as have well as podiatry and arthroscopy surgeries used to look at, diagnose and treat problems inside a joint.
- SLVHCS exceeds community benchmarks in Mission Act quality standards, reflective of the safe, effective and quality care Veterans receive on 11 of 11 measures.

- 90 percent trust score with Veterans
- Gold Cornerstone Award from the National Center for Patient Safety for the fourth year in a row.
- Earned the designation of "Leader in LGBTQ Healthcare Equality" by the Human Rights Campaign Foundation for the third consecutive year.



- Began tele-urgent care assessments, allowing Veterans to avoid unnecessary visits to an urgent care or hospital emergency room.
- Performed the first corneal crosslinking procedure ever completed at a VA medical center on a patient who traveled from Manhattan for the procedure. We continue to receive referrals from other VA medical centers.

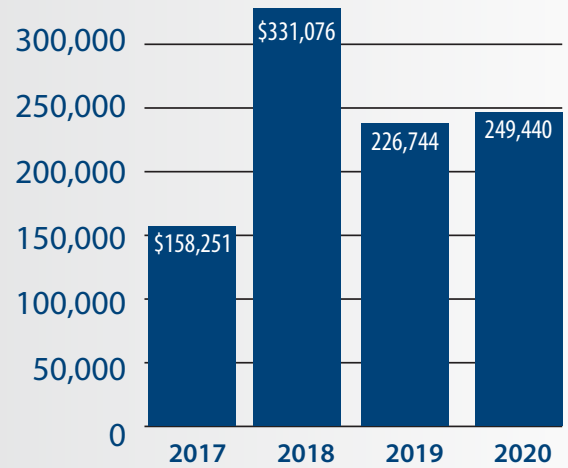
- Expanded our adaptive sports program to add pickleball, water skiing, boccia ball, racquetball and cycling.
- Held a rendering unveiling for Louisiana's first Fisher House, to be constructed at our Veterans medical center.
- Inpatient Flow Coordination Collaborative earned a VHA second place award for "cool tools" presentation.
- Implemented a Women Veterans Employee Group that meets with Women Veterans during their appointments, pharmacy visits or inpatient stays at the Veterans medical center to ensure women Veterans have a positive experience at SLVHCS.
- American Society for Gastrointestinal Endoscopy recognized our endoscopy program.
- Sleep Lab received the American Academy for Sleep Medicine accreditation.
- Earned three VHA Communications Awards.
- Veterans medical center named "Best of the Best Health Care" by Engineering News Record; medical center construction and activation project won the Project Management Institute's Project of the Year Award – the first health care system to ever win this award.
- Construction Management Association of America, Gulf Coast Chapter, selected the Veterans medical center for a 2019 CMAA-GCC Project Achievement Award.



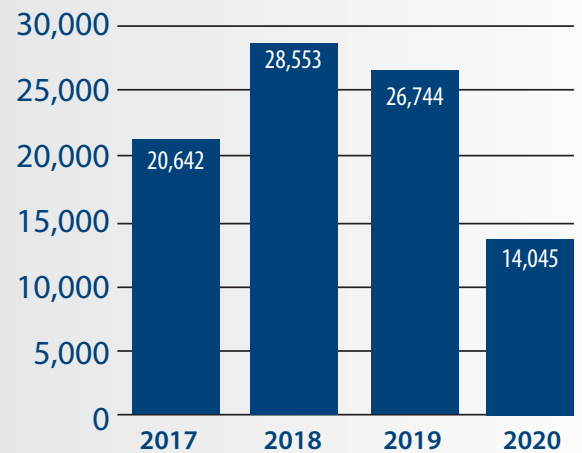
# Volunteers



*Donations*



*Volunteer Service Hours*



# Stand Down for Homeless Veterans



- At the October 2019 Stand Down, we provided health care and support services to 254 Veterans who were homeless or disadvantaged.
- More than 20 Veterans service organizations and more than 300 volunteers and community partners came together to provide hot meals, clothing and information about resources available to Veterans in our region.
- The 2020 Stand Down will be held at several offsite locations observing safety protocols.

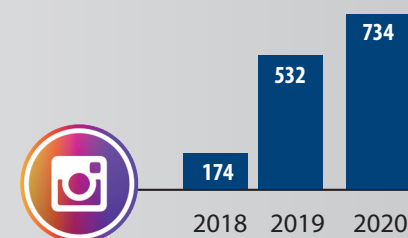
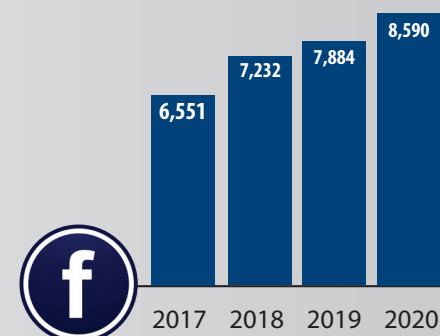
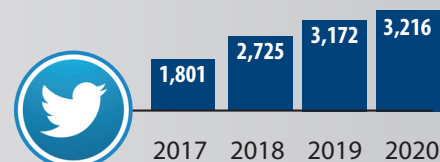


# Well-Coordinated, Safe Patient Care



## Connecting with Veterans using Social Media

Growth in social media followers:



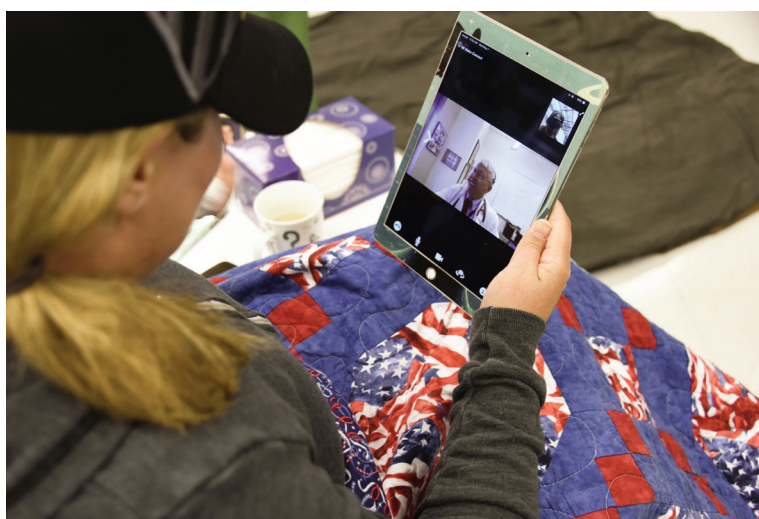
- We conducted nearly 700,000 outpatient visits in FY19, compared to approximately 600,000 in FY20.
- Launched 24/7 tele-urgent care health assessments – a secure virtual visit with a provider using a smart phone, tablet, computer – any device that allows an internet connection. Veterans can connect with a provider from the comfort of their homes or wherever they are. Virtual visits such as these make VA health care more convenient and reduces travel time for Veterans.

## Compensation and Pension Exams

Claims processed in average of 19.6 days.

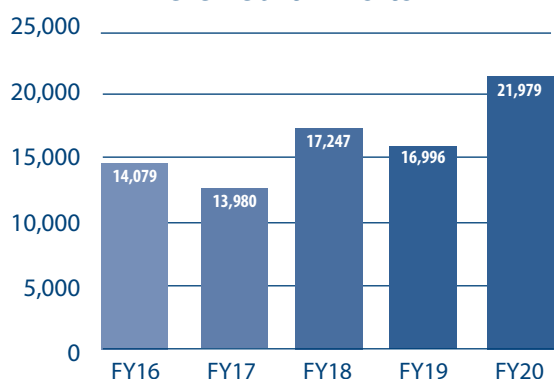




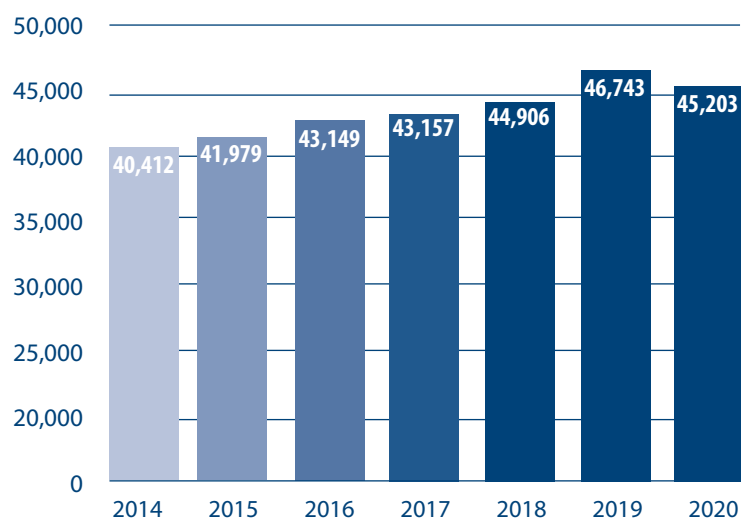


MyVA Community Council, Veterans Service Organizations and VA Voluntary Service Committee each meet quarterly to discuss health care and events throughout the health care system to strengthen partnerships and services for Veterans in southeast Louisiana.

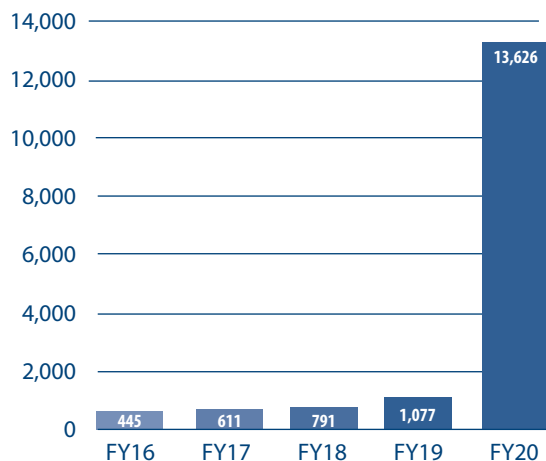
*Telehealth visits*



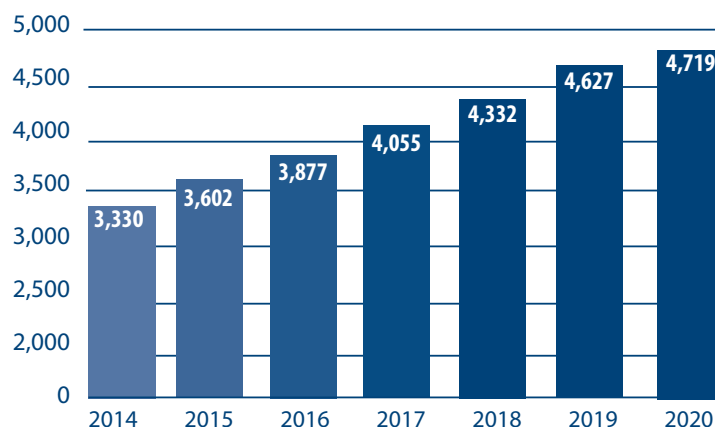
*Total Veterans Served*



*Visits Using Veterans Video Connect*



*Women Veterans Served*





# ■ Suicide Prevention



Our suicide prevention team has been active in the community, helping to connect Veterans to care when they need it most. We achieved the following in fiscal year 2019:

- Participated in 103 outreach events.
- Responded to over 1,050 crisis line calls.
- Sent over 400 caring contact letters to Veterans at elevated risk for suicide.
- Added a full-time research psychologist in suicide prevention.
- Awarded multiple grants to fund research into Veteran suicide prevention.
- Published original research and presented to the annual meeting of the Association for Psychological Science. More importantly, we are using what they find where it matters most—in providing lifesaving care for Veterans in our community.

We achieved the following in fiscal year 2020:

- Participated in 166 outreach events.
- Responded to over 1,176 crisis line calls.
- Sent 1,217 caring contact letters to Veterans at elevated risk for suicide.
- Implemented weekly suicide prevention training open to all staff.

*Pick up the phone.  
Send a text.*

**be there.**

[BeThereForVeterans.com](https://www.BeThereForVeterans.com)





# ■ Employee Engagement



- Marcus Hives received the Chapel of the Four Chaplains Legion of Honor.



- Dr. Caitlin Martin-Klinger named to the American College of Physicians' Top Hospitalists of 2019.



- Great 100 Nurses: Lesley Beard, Margo Birdlow, Vickie Charles, Tanya Coaston, Sheila Hope, Erica Joseph, Shameik Manning, Bridgette Medley, Chancelyn Penn, Jennifer Phillips, Desley Washington



2019

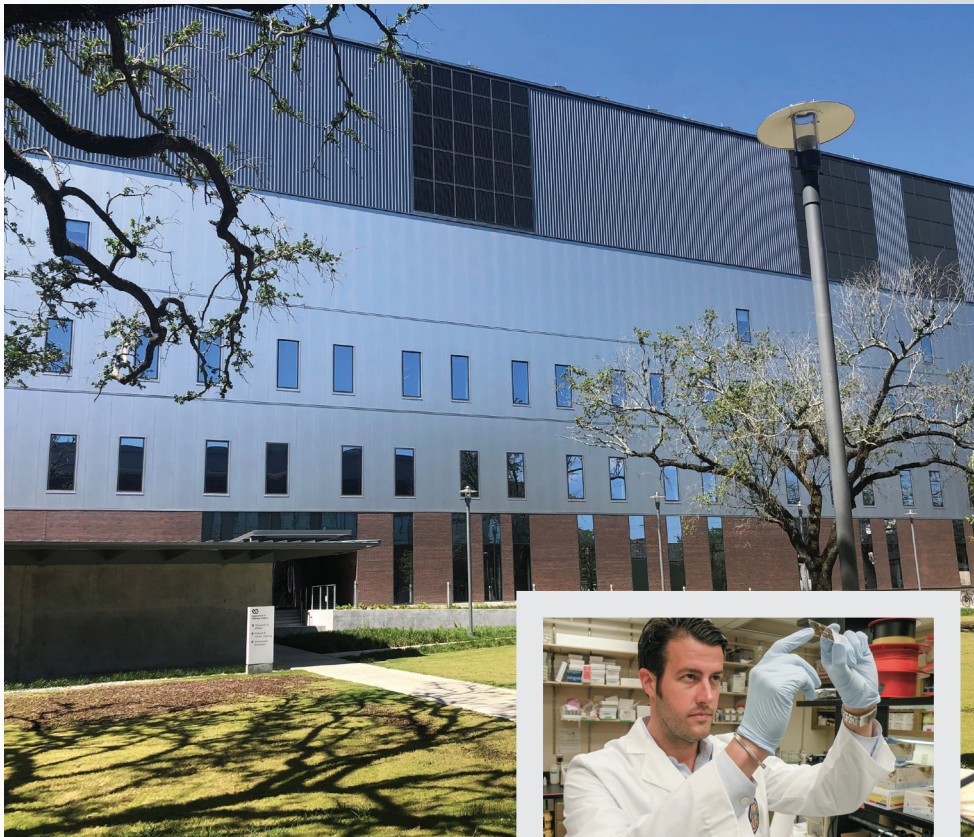


2020

**Director Fernando Rivera received the VA Secretary's Diversity and Inclusion Excellence Award.**



# ■ Research



Our mission reaches beyond providing care for today's Veterans and into the future of health care. Our research has the potential to play a vital role in future solutions for some of today's most challenging health care issues. This year, we reached new research milestones in the following areas:

- Commissioned three biomedical labs and an animal vivarium with researchers seeking to develop advances in the treatment of cancer, pain, cardiovascular disease, diabetes, substance abuse and post-traumatic stress disorder
- 76 active research studies
- 10 merit review awards and one career development award
- Opened three new trials sponsored by the National Cancer Institute and significantly expanded the number of clinical trial offerings for Veterans
- One of the leading recruitment sites nationwide for the Million Veteran Program, a VA initiative to advance precision-based medicine by understanding genetic contributions to diseases.
- Oversaw 66 studies involving biomedical, clinical and health service research projects.
- Received \$2.9 million in direct research support from the VA Office of Research Development to fund six Biomedical Laboratory Research and Development projects, one Health Service Research and Development project one Rehabilitation research and development project.
- SLVHCS investigators are developing advances in the treatment of PTSD and suicide prevention.



## COVID-19 Research at SLVHCS

During the COVID-19 pandemic, SLVHCS researchers are once again at the center of medical advances that could have a huge impact on public health. The VA research team in New Orleans studied the effects of remdesivir on COVID-19 patients. They found that remdesivir worked better than a placebo and led to shorter hospital stays. VA researchers also studied the effects of coronavirus on organ function and made discoveries that changed how patients with severe infections are treated. Our research team made findings that helped explain racial disparities in COVID-19 outcomes. They examined the effects of convalescent plasma containing antibodies from people who had recovered from COVID and are set to play an important role in ongoing vaccine trials. The knowledge gained has informed the way COVID-19 is treated and has the potential to save lives.



## Inpatient Care

- We maintained zero in-hospital complications in the Strategic Analytics for Improvement and Learning (SAIL) report since opening. Quality of inpatient care is measured against other hospitals using hospital compare.
- Standardized mortality ratio is top 10 in the nation among VA facilities.
- Overall rating of the hospital is top 10 in the nation among VA facilities.
- The SLVHCS Community Living Center Achieved a five-star rating in CLC Compare, making it a top-rated facility as compared to private nursing homes and VA community living centers nationwide. The CLC achieved this designation in each of its first two evaluations.



## Outpatient Care

- Highest performing VA facility in the nation for quality measures in outpatient diabetes and ischemic heart disease prevention.
- SLVHCS maintains high efficiency in clinical operations during unprecedented growth

- Top 10% performance for length of stay among VA facilities nationally.
- Led National Flow Academy project in emergency department operations resulting in 20% improvement in ED door-to-floor time, 30% improvement in ED admit delays, and 70% improvement in ED boarding times compared to Fiscal Year 17.

## Education

- VA trains the health care providers of the future. SLVHCS operates the third largest training program in VHA, and growing.
- In the 2018-2019 academic year, 1,803 trainees from 48 different graduate medical education programs and 43 different affiliate universities rotated through SLVHCS.



- In 2019-2020, 2,068 trainees from 62 affiliate institutions trained with us.
- We are approved by the Accreditation Council for Graduate Medical Education as a training site for programs in addiction medicine and palliative hospice care—a first for Louisiana.
- In 2019, we launched the National Organization for Leadership and Analytics University (NOLA U) with over 200 participants from across the state.





## COVID-19 RESPONSE



### Patient Summary

Initial patient census projections predicted as many as 300 COVID-positive inpatients at the Veterans medical center. As the outbreak developed, it became clear that the projections were high. Between March and end of September, more than 220 of the 860 Veterans who tested positive for COVID-19 required hospitalization. Of those, 77 required intensive care and 51 required the use of a mechanical ventilator. Most recovered and were discharged, but 41 Veterans succumbed to the virus.

Testing strategies for COVID-19 at SLVHCS evolved quickly. In the early days after the outbreak spread to Louisiana, testing was conducted in the emergency department. This was a resource-intensive process, requiring high consumption of personal protective equipment. Our solution was the development of a respiratory infection fast track clinic apart from the emergency department. It provided a controlled space where Veterans with symptoms could get tested without being near patients who came to the emergency department for other health concerns. Processing of the test samples was initially conducted offsite; samples were shipped to VA facilities in Palo Alto, Calif. or Lexington, Ky. for testing, before SLVHCS was able to conduct in-house testing in as little as two hours.

**COVID**  
CORONAVIRUS **19**

In addition to gains in testing technology, treatment evolved as the medical community understood more about the disease. Research proved the effectiveness of remdesivir in shortening hospital stays for patients with COVID-19. Other treatment strategies emerged, such as proning—placing a patient on their stomach to assist breathing function. These developments led to more positive treatment results.

With the uncertainty surrounding COVID-19, it was important for Veterans and families to maintain contact and have regular updates. Hospital visitation was suspended early on to prevent the spread of COVID-19 within the hospital. To maintain contact, we provided patients with tablets to conduct video calls to family members. The palliative care team worked closely with the inpatient teams, assisting with family communication as symptoms worsened. Inpatient

nurses made daily calls to family members to provide updates. We also kept in daily contact with the nursing homes where some of our Veteran patients resided, confirming their safety and offering support to the facilities.

A successful response to a hospital surge is an interprofessional effort, requiring innovation and effort from all areas of the health care system. Care providers and administrative professionals at SLVHCS came together to mount an aggressive and carefully-coordinated response to COVID-19 to deliver the best care possible to Veterans.





## Employees:

Our priority for providing safe patient care is equaled only by the urgency to do everything possible to protect our health care professionals from COVID-19. After the first patient was diagnosed, all employees who had contact with the patient went on home quarantine to prevent a workplace outbreak. As guidance evolved, criteria for returning to work were updated with the input of the SLVHCS Employee Health program. A total of 275 employees tested positive between March and the end of September. Further, concern for family members and loved ones meant that no one was unaffected by the pandemic. Changes to routines such as school and day care closures placed added stress on families. To help employees with stress related to home and work life, SLVHCS implemented a comprehensive stress management program.

In response to the impacts on the workforce, employees were brought in from other areas.

Some of the need for additional staffing was met by

providers who deployed to New Orleans from VA clinics in Southeast Louisiana and from VA medical centers around the country. A total of 108 VA health care professionals deployed to SLVHCS from around the U.S. through the Disaster Emergency Medical Personnel System. Additionally, we executed emergency contracts for positions such as nursing, housekeeping, scheduling and respiratory therapy.

VA employees went above and beyond to care for patients with COVID-19 in southeast Louisiana. Many organizations contributed to an outpouring of community support for our staff during their fight against COVID-19. The SLVHCS Veterans Canteen Service offered extended hours at the medical center as well as innovative services such as take-home meals and grocery ordering to make life easier. Restaurants, businesses and community organizations from across the region donated food to on-duty staff. Morale was maintained at a high level, and our health care professionals were able to devote their energy to providing care for Veterans.





## Operations:

Even before the pandemic reached Louisiana, the Southeast Louisiana Veterans Health Care System had made changes to operations in response to COVID-19. The Emergency Operations Center was initiated to monitor the situation and coordinate our response with other elements of the Department. After the first diagnosis on March 9, we put the operational elements of our plan into action.

To prevent the spread of coronavirus within the facility, a perimeter was established at the medical center. Access to the medical center and clinics was tightly controlled, and we established first-level screening protocols at the limited entrances to our facilities. Second-level screening was conducted initially in the emergency department, and then at the newly constructed respiratory infection fast track on the exterior of the facility. The containment and prevention measures in place at the community-based outpatient clinics mirrored those at the main campus.

To meet some of the demand created by scaled-back services, we greatly expanded our use of telehealth. Established technologies like VA Video Connect became a greater part of our delivery model for mental health and specialty care.

In New Orleans and Baton Rouge our longstanding practice of delivering most prescriptions by mail was supplemented by a newly instituted drive-up service for prescription pickup. Audiology and sleep lab also began delivering equipment to drive-up patients.

Within the medical center, operations evolved as we devoted more resources to treating patients with COVID-19. Increasing bed capacity immediately became a priority. We modified the physical layout of two patient wards to support critical care. In two weeks, we more than doubled the number of ICU beds from 24 to 54. In another move to expand capacity, we safely transferred Veterans from our community living center to other VA medical centers so that those beds would be available in the event of a larger surge.





## Equipment-Supplies

Our team of professionals is what drives our success, but a health care system runs on supplies and equipment. In the early stages of planning our pandemic response, we developed a list of critical supplies. We established mechanisms to monitor stock on hand and usage rates.

SLVHCS infection control professionals took a leading role in helping clinical staff safely apply conservation strategies. Once the mask policy was expanded to cover all employees, masks were distributed to non-clinical staff.

The adaptability and integrated nature of VA health care have been of benefit in responding to COVID-19. Locally, we shifted equipment to increase the number of available ICU beds and set up secondary screening stations. Infusion pumps, computers on wheels, vital sign monitors and physiological monitors were redeployed in this effort.



VISN 16 helped connect us with vendors outside our region and assisted in coordinating the transfer of supplies from other VA medical centers. Through the VISN we also requested urgently needed supplies and equipment from other VA medical centers, which provided hospital beds, air scrubbers, infusion pumps, transport monitors, PPE, thermometers, blood tubing and ventilators.



## Communication

In a pandemic, an absence of information can make a disease more dangerous or lead to other undesirable results. SLVHCS employed a multi-pronged approach to communications during the COVID pandemic, designed to 'blanket' our constituencies with information flowing from multiple channels. Using a combination of social media, email messaging and My HealtheVet, we sent messages to Veterans on up to 5 platforms each day to ensure they received the information they needed.

Many Veterans get the information they need through traditional media. During the initial surge of the pandemic, we responded to over 40 media requests for information.

Employees were kept up to date with daily email messages and text alerts and regular communication through their supervisory chains. The SLVHCS Leadership Council was valuable as a conduit for the flow of information in both directions.

Messages to employees and stakeholders were varied but all featured at least one of the following themes:

- Information about the spread of COVID in the community.
- VA's response to the pandemic, including updates to services and operations.
- Precautions to protect yourself and others.
- Resources for maintaining mental and physical health.
- Other resources in the community to make life easier during the pandemic.
- Encouragement and commitment to the fight against COVID.





## Demobilization

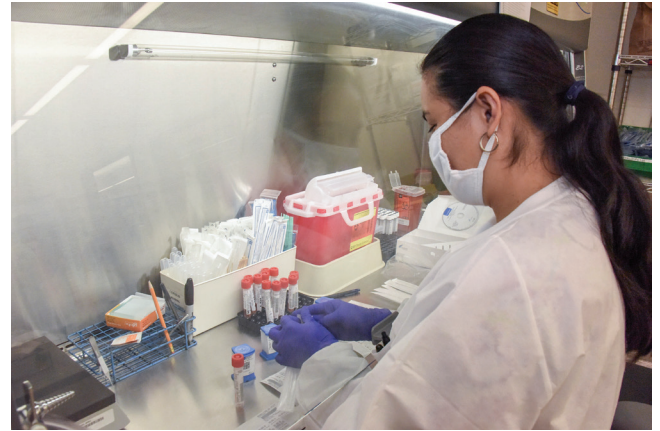
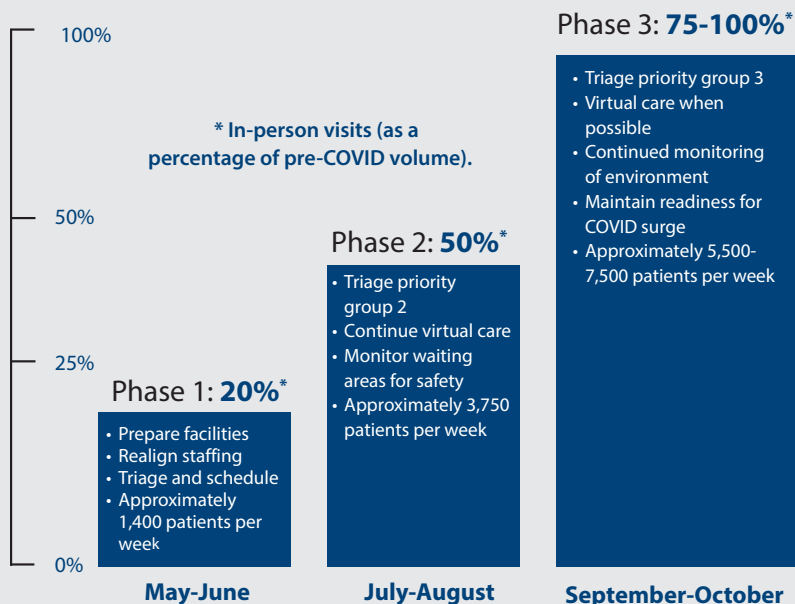
By mid-May, there was a sustained downward trend in number of Veterans hospitalized with COVID-19. It was also clear that the suspension of many in-person health care services had led to a built-up demand for care among our patients. Responding to this demand was central to our Moving Forward Together plan, which involved gradually increasing the number of in-person health care visits while closely monitoring the spread of the coronavirus in the community.

Before we could resume in-person care in many of our clinics, personnel and equipment were returned to their pre-COVID areas. The final remaining DEMPS employees went back to their home facilities. Staff who had been reassigned from other parts of the health care system returned to their normal duties. We offered stress and grief counseling to all staff members. The trainees and medical residents who had been sidelined when their services were paused were able to resume their training at SLVHCS.

During the initial surge, Veterans who resided in our community living center had been transferred to other VA hospitals to free up beds that may have been needed to treat COVID. When it was clear the beds wouldn't be needed, the patients were transferred back to SLVHCS. In other areas of the medical center, surge ICU beds were reverted to acute level beds, and 4B, the inactive ward that had been stood up as a COVID ward, was deactivated. Some equipment that was brought for the response remains in use, like the Mobile Vet Center on loan from the Vet Center which is still in use as clinical space in the RIFT.

As we increase the weekly number of in-person visits, it is important to retain the telehealth growth that we have experienced this year. Doing so will allow us to provide care more efficiently and reduce the impact another surge would have on patient care.

## COVID-19: SLVHCS Moving Forward Plan



## Moving Forward

The Southeast Louisiana Veterans Health Care System is Moving Forward Together with our Veteran patients and the community by expanding in-person services. Our approach to expansion prioritizes safety and will be carried out in three phases.

In May and June we moved through Phase 1, which involved addressing the demand for services that has built up over the last few months. With enhanced COVID-19 safety measures in place, we saw up to 20% of the face-to-face volume we did before COVID.

On July 1, we moved to Phase 2. Measures like physical distancing and frequent handwashing remained in effect. We conducted about 3,750 patient visits per week—about half our normal workload—as we prepared to further expand services.

On August 31, we transitioned to Phase 3. Our workload grew to 5500-7500 per week. We will continue to provide updates as we work to provide excellent care and keep the Veterans of southeast Louisiana safe.





# Salute to the Flag

2019



At the 2019 Salute to the Flag, Emelda Mitchell, an 88-year old Air Force Veteran, raised the flag along with members of the VA Police Service.



2020

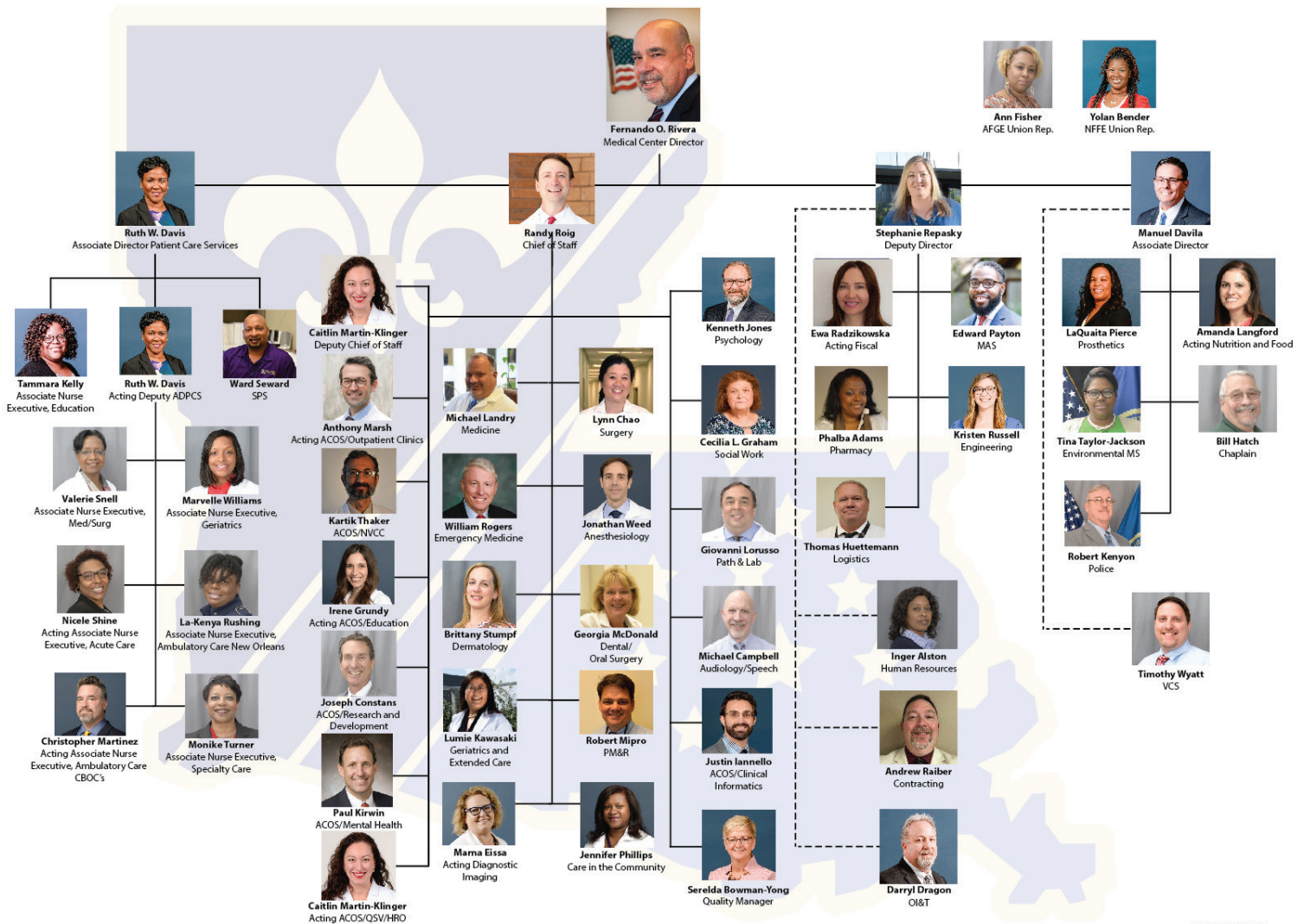


In 2020, 100-year-old Veteran Bob Richards raised the flag as his family looked on at a limited addendence, physically-distanced Salute to the Flag.





# Southeast Louisiana Veterans Health Care System Leadership Council



C&PR-11OCT2020



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